



NSP

121 Haynes Street
Marietta, GA 30060
(770) 528-7980 Fax (770) 528-7985
info@buycobb.com

COBB COUNTY NEIGHBORHOOD STABILIZATION PROGRAM

Cindy Faler
Program Manager

www.BuyCobb.com



NSP Client Application Directions

Per HUD regulations, all buyers interested in purchasing a Cobb County NSP home are required to complete the 4-step eligibility process, submit all requested documentation and take an 8-hour HUD approved homebuyer education class.

The following 'NSP Application' and 'Affidavit Verifying Status of Benefit Applicant' documents are the **final** step in the 4-step NSP eligibility process. **If you have not submitted the documents for steps 1 through 3, STOP and please contact our office for details on the previous steps and the required documents.**

*Please keep in mind that you are applying as a **household**, therefore supporting documentation must be submitted for all adults 18 year old or over that will be living in the home. If applicant is married, or has a significant other that will be living in the home, they will be considered the 'co-applicant' and must sign and complete all documents in addition to the applicant.*

The final page, 'Affidavit Verifying Status of Benefit Applicant', must be completed in front of a Notary Public and notarized. If you are unable to find a Notary Public we have one in our office that can notarize this document for you. If you need our Notary's services to notarize the document, please contact our office to schedule an appointment.

To determine your eligibility to participate in our program, you will be required to submit the following supporting documents for each adult 18 years old or over that will be living in the home:

- FAQs Document Acknowledgement (final page of the FAQs Sheet) signed by all applicants.
- Notarized Affidavit Verifying Status of Benefit Applicant (U.S. Residency Affidavit) – This document **MUST** be notarized. Please do **NOT** submit this document if it has not been notarized, including the notary's seal. When you submit the document, it **MUST** have a visible notary's seal appearing on the document. If the seal/stamp is not visible, we cannot accept the document.
- State Issued Photo ID, such as Driver's License
- Legal Residency Documentation, such as Social Security Card, U.S. Birth Certificate or U.S. residency documents.
- 90-days of Income Verification Documentation – You must supply **the most recent 90-days of consecutive** income documentation, such as paycheck stubs, social security benefits statement, documentation of child support or alimony, pension documentation, rental income, etc. Supporting documentation must be submitted for all income sources for all adults as described above*.
- 90-days of Financial Statements - You must supply **the most recent 90-days of consecutive** asset account statements, such as checking, savings, stocks, bonds, retirement, etc. Please make sure to include all pages of each statement.*
- Last year's W-2(s). If you do not have a W-2, you may submit last year's full tax return documentation. If you have a business, are self-employed or have rental income, you will be required to submit last year's full tax return documentation. Tax documentation must be submitted for all adults as described above.*

** Failure to notify us of persons 18 or older that will be living in your household will be in violation of our eligibility requirements and grounds for disqualification.*

Before purchasing a home through the Cobb County Neighborhood Stabilization Program, you will also be required to complete an 8-hour HUD approved homebuyer education class. In order to fulfill all program eligibility requirements, you must submit the Certificate of Completion from such a class to the NSP Office. **This final document must be received by our office prior to closing on a NSP home.**



Revised 05/23/12



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CLIENT APPLICATION

OFFICE USE ONLY

Application Received Date: ____ / ____ / ____

Application Approval Date: ____ / ____ / ____

HOME Funds Eligible: ☐ Yes ☐ No

IDIS #: _____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Cobb County Neighborhood Stabilization Program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

APPLICANT INFORMATION

Applicant Name:

Co-Applicant Name:

Home Phone #:

Work #:

Cell #:

Email Address:

Street Address:

City:

State:

Zip Code:

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Separated # of Dependents: Ages:

☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled If self-employed, type of business:

Name and Address of Employer:

Business Phone #:

Position/Title:

of Years on Job:

MAXIMUM HOUSEHOLD INCOME LIMITS (COBB COUNTY, GEORGIA)

FY2012 Income Limits

Effective: December 1, 2011

FAMILY/HOUSEHOLD SIZE	LOW (Below 50% AMI)	MEDIUM (51-80% AMI)	HIGH (81-120% AMI)
1	\$24,300	\$38,850	\$58,200
2	\$27,750	\$44,400	\$66,550
3	\$31,200	\$49,950	\$74,850
4	\$34,650	\$55,450	\$83,150
5	\$37,450	\$59,900	\$89,800
6	\$40,200	\$64,350	\$96,450
7	\$43,000	\$68,800	\$103,100
8	\$45,750	\$73,200	\$109,750

* Source: U.S. Department of Housing & Urban Development (HUD)
AMI = Area Median Income



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ANNUAL INCOME OF HOUSEHOLD *

You will be required to submit supporting documentation for all income sources for every household member 18 years or older.

SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security Benefits				
Pension, Retirement Funds, etc. (Please indicate source)				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support (Please indicate source)				
Welfare Payments				
Rental Income				
Other Income (Please indicate source)				
Total Income				

ASSETS*

You will be required to submit supporting documentation for all asset accounts for every household member 18 years or older.

TYPE	BANK/FIRM NAME	ACCOUNT #	CASH VALUE	INTEREST RATE	MONTHLY INCOME
Checking Accounts					
Savings Accounts					
Credit Union Accts					
401K Accounts					
Stocks					
Life Insurance					
Real Estate					
Other					

* Income and assets MUST be reported for everyone 18 years or older in the household. Failure to notify us of persons 18 years old or older in your household and their income or assets will be in violation of our eligibility requirements and grounds for disqualification. Supporting documentation is REQUIRED to be submitted to the NSP office in order to determine program eligibility.



**LIABILITIES**

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

Do you have any of the following? If so, please list the monthly amount.

Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____

ADDITIONAL INFORMATION

If yes answer is given to any question below, please explain on an attached sheet:

1. Do you have any outstanding, unpaid **Liens** or **Judgments**? ☐ Yes ☐ No

If Yes above, please list amount (if applicable) \$ _____

2. In the past 7 years, have you declared bankruptcy? ☐ Yes ☐ No

3. Are you a party in a law suit? ☐ Yes ☐ No

HOUSEHOLD COMPOSITION *

List the applicant, everyone residing in your home and the relationship of each member to the applicant.

MEMBER	FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER
1		APPLICANT		
2				
3				
4				
5				
6				
7				
8				

* Failure to notify us of persons 18 or older who are living in your household will be in violation of our eligibility requirements and grounds for disqualification.

1. Does anyone live with you now who are not listed above? ☐ Yes ☐ No

2. Does anyone plan to live with you in the future who are not listed above? ☐ Yes ☐ No

3. If you answered "Yes" to either question above, please explain:

4. Is anyone listed above have a disability? ☐ Yes ☐ No





HEAD OF HOUSEHOLD INFORMATION (Mark the appropriate box(es))		
SINGLE RACE	Hispanic or Latino	Non-Hispanic or Non-Latino
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
MULTI-RACE		
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African-American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please explain)	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the NSP Program?

Are you a first time home buyer? ☐ Yes ☐ No

APPLICANT'S CERTIFICATION

I/We, the undersigned, certify that all information provide in this application is accurate and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance.

I/We certify that the income stated above is accurate and completely represents all sources of income for all parties 18 years old or older that will reside in the home. I/We understand that failure to disclose all income, or the reporting of inaccurate or false information, will result in disapproval of assistance and will be considered fraudulent. I/We understand that any willful misstatement of material facts will be grounds for disqualification.

I/We certify that I/We will be the owner occupant (meaning occupied by the applicant and used as the primary residence at least 10 months annually) and that I/We will hold fee simple title to the purchased property.

Applicant: _____ Date: _____ / _____ / _____

Co-Applicant: _____ Date: _____ / _____ / _____





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Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act, passed during the 2006 Georgia Legislative Session as Senate Bill 529, every agency in Cobb County providing public benefits through any state or federal program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Cobb County Neighborhood Stabilization Program:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

ALIEN #: _____

I-94 #: _____

Signature of Application

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 201 ____

Notary Public Signature: _____

My Commission Expires: _____

Note: This document **MUST** be notarized and must contain a visible Notary's Seal when submitted. If you are unable to find a Notary Public to notarize this document, we have one available to you. If you need of the services of our Notary Public, please contact the NSP office to schedule an appointment.

OFFICE USE ONLY

Received Date: ____ / ____ / ____

Notarized & Recorded Date: ____ / ____ / ____



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